

1851-92028

**P 216 990 399**  
**RECEIPT FOR CERTIFIED MAIL**  
 NO INSURANCE COVERAGE PROVIDED—  
 NOT FOR INTERNATIONAL MAIL  
 (See Reverse)

SENT TO		
STRODY COMPANY		
STREET AND NO.		
16425 GALE AVE. P.O. BOX 1910		
P.O., STATE AND ZIP CODE		
CITY OF INDUSTRY, CA 91744		
POSTAGE \$		
CONSULT POSTMASTER FOR FEES	CERTIFIED FEE	\$
	SPECIAL DELIVERY	\$
	RESTRICTED DELIVERY	\$
	OPTIONAL SERVICES	
	RETURN RECEIPT SERVICE	
	SHOW TO WHOM AND DATE DELIVERED	\$
	SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY	\$
	SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY	\$
	SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY	\$
TOTAL POSTAGE AND FEES \$		
POSTMARK OR DATE		

SFUND RECORDS CTR  
 1851-92028

PS Form 3800, Apr. 1976

PS Form 3811, Jan	● SENDER: Complete items 1, 2, and 3. Add your address in the "RETURN TO" space on reverse.		
	1. The following service is requested (check one.)		
	<input type="checkbox"/> Show to whom and date delivered..... \$		
	<input type="checkbox"/> Show to whom, date and address of delivery..... \$		
	<input checked="" type="checkbox"/> RESTRICTED DELIVERY		
	Show to whom and date delivered..... \$		
	<input type="checkbox"/> RESTRICTED DELIVERY		
	Show to whom, date, and address of delivery..... \$		
	(CONSULT POSTMASTER FOR FEES)		
	2. ARTICLE ADDRESSED TO:		
STRODY COMPANY 16425 GALE AVE. (P.O. BOX 1901) CITY OF INDUSTRY, CA 91744			
3. ARTICLE DESCRIPTION:			
REGISTERED NO.	CERTIFIED NO.	INSURED NO.	
	P216990 399		
(Always obtain signature of addressee or agent)			
I have received the article described above.			
SIGNATURE <input type="checkbox"/> Addressee <input checked="" type="checkbox"/> Authorized agent			
DATE OF DELIVERY			
JAN 17 1984			
5. ADDRESS (Complete only if requested)			
U.S. POST OFFICE 15310 E. ELLIOT AVE. LA PUENTE, CA 91742			
6. UNABLE TO DELIVER BECAUSE:			
Mon-Fri 8:30 AM-5:00 PM			
CLERK'S INITIALS			
JAN 17 1984			

☆ GPO : 1979-288-848